

BUDGET SUMMARY – HEALTHY MARRIAGE & STABLE FAMILIES INITIATIVE

GRANT PERIOD: FROM ____/____/____ TO ____/____/____ GRANTEE NAME: _____

BUDGET CATEGORY	JUSTIFICATION (How costs were determined)	TOTAL DSS REQUEST
SALARIES		
EMP. BENEFITS		
POSTAGE		
EQUIPMENT		
PRINTING		
CONSUMABLE SUPPLIES		
TRAINING		
TRAVEL		
OTHER (Specify)		
OTHER (Specify)		
OTHER (Specify)		
OTHER (Specify)		
TOTAL REQUESTED FROM DSS		

Add Additional Columns and Rows as Needed

* Awarded funds cannot be used to supplant existing funds.